Commonwealth of Virginia
Department of Professional and Occupational Regulation
Post Office Box 29570
Richmond, Virginia 23242-0570
(804) 367-2176



Board for Waterworks and Wastewater Works Operators APPLICATION FOR TRAINING COURSE APPROVAL

pa	o obtain board approval of your vackage must include the following # Audio-visual support mate # Course objectives # Course outline (hour by hour b	g documentation. See 18 \ erials our detail including breaks)	/AC 160-20 * *) *	0-150 for further details Handouts Instructor resume(s) Sponsor's mission stat	ing course your application ement & staff information elease of training course
1.	Name of Training Provider/Spor	nsor			
2. 3.	Federal Employer Identification Street Address (PO Box <u>not</u> acc City, State, Zip Code				
4.	E-mail Address				
5.	Telephone & Facsimile Number	() –		() –	() –
6. 7.	Name & Title of Contact Person	Telephone	e	Facsimile	Beeper/Cellular
7. 8.	Planned audience	-			
9.	Will this course be offered more than one time? No Scheduled course date				
٥.					
	Yes ☐ Scheduled cours				
	_				
10.	Location(s) where course will be	e taught.			
11.	Instructor(s) information				
	Instructor's Name	Title		Employer	Phone Number
					() –
					() –
					() –
12.	Describe the relevancy of the co	ourse to waterworks or was	stewater wo	orks operator licensing.	
13.	How will satisfactory completion of this course be determined? Please check all that apply.				
.0.	Attendance Examination Site visits Skill demonstrations Other				-

14. Contact Person's Signature

Date